# INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)

| Application Number     |               | 10536739   |
|------------------------|---------------|------------|
| Filing Date            |               | 2005-05-27 |
| First Named Inventor   | Jens Spille   |            |
| Art Unit               |               | 2626       |
| Examiner Name          | Martin Lerner |            |
| Attorney Docket Number |               | PD020112   |

#### CERTIFICATION STATEMENT

| Please see 37 | CFR 1.97 a | nd 1.98 to make the | appropriate selection(s): |
|---------------|------------|---------------------|---------------------------|
|---------------|------------|---------------------|---------------------------|

That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. Sea 37 CFF 1.37(e)(1).

### OR

That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquity, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 156(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 157(e).

- See attached certification statement.
- Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

Joel M. Foceison

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Name/Print

#### SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Registration Number

43.613

| Signature | /Joel M. Fogelson/ | Date (YYYY-MM-DD) | 2009-09-30 |  |  |  |  |
|-----------|--------------------|-------------------|------------|--|--|--|--|

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